Case: 1:24-cv-06753 Document #: 3 Filed: 08/01/24 Page 1 of 1 PageID #:8 U.S. District Court for the Northern District Of Illinois

Attorney Appearance Form

	mire Clinic P.A., Inc idge World	Case Number:	1:24-cv-06	753
An appearance is h Whiteamire Clinic F	ereby filed by the unders P.A., Inc.	signed as attorne	y for:	
Attorney name (type	e or print): Ross M. Goo	d		
Firm: Good Law Gr	roup			
Street address: 800	E. Northwest Hwy, Suit	e 814		
City/State/Zip: Pala	tine, IL 60074			
Bar ID Number: 63 (See item 3 in instruct		Telephone Number: 847-600-9576		
Email Address: ros	s@thegoodlawgroup.cor	n		
Are you acting as le	ead counsel in this case?	?	✓Yes	No
Are you a member	of the court's general ba	r?	✓Yes	No
Are you a member	of the court's trial bar?		Yes	√ No
Are you appearing ,	pro hac vice?		Yes	√ No
If this case reaches	trial, will you act as the	trial attorney?	Yes	√ No
If this is a criminal c	ase, check your status.			
		Appoir If appo	ned Counse nted Counse pinted couns deral Defen A Panel Atte	el sel, are you a der
general bar or be grante I declare under penalty statement under perjury	re this Court an attorney must ed leave to appear <i>pro hac vi</i> of perjury that the foregoing in the has the same force and effe	ce as provided for by s true and correct. U	y local rules 83 Jnder 28 U.S.0	3.12 through 83.14. C.§1746, this
Executed on 8/1/20	024			
Attorney signature: S/ Ross M. Good (Use electronic signature if the appearance form is filed electronically.)				